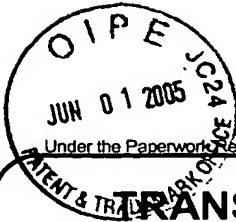


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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/608,809	
	<b>Filing Date</b>	June 27, 2003	
	<b>First Named Inventor</b>	Dobbs et al.	
	<b>Group Art Unit</b>	1724	
	<b>Examiner Name</b>	Robert H. Spitzer	
<b>Total Number of Pages in This Submission</b>	11	<b>Attorney Docket Number</b>	210-609INT

**Express Mail Label No. EV554214745US**

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (8 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notice of Non-Compliant Amendment (2 pgs.); and Return Mail Room Postcard
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Wall Marjama & Bilinski LLP Joseph B. Milstein	
Signature	Reg. No. 42,897	
Date	June 1, 2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/608,809

Confirmation No.: 7558

Applicant: Dobbs et al.

Filed: June 27, 2003

Art Unit: 1724

Examiner: Robert H. Spitzer

Docket No.: 210-609INT

Customer No.: 20874

Title: A Plate-Type Heat Exchanger

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

In response to the Notice of Non-Compliant Amendment (37 CFR 1.121) mailed from the United States Patent and Trademark Office on May 20, 2005, please enter in the above-captioned patent application the Amendments presented herein. Applicants believe that no fees are due on account of the submission of this paper. However, if Applicants are incorrect and fees in a different amount are due, the Director is hereby authorized to charge any additional fees, or to make any refund of an overpayment, to Deposit Account No. 50-0289.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

**Annotated and Replacement Sheets of drawing** are attached following page 8 of this paper.